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Page 1 of: 15

Attention: Group Art Unit 2613 Tel.: (613) 232-2486
Examiner: LI, Shi K. Fax: (613) 232-8440

From: SMART & BIGGAR

Your file no.: 10/624,471 Date: August 17, 2007

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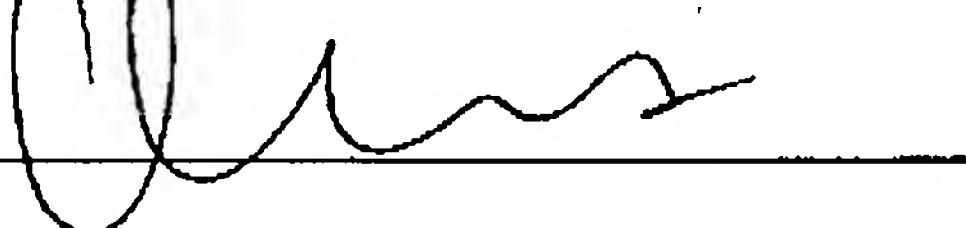
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PTO/6B/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

14

Application Number

10/624,471

Filing Date

July 23, 2003

First Named Inventor

HADDEN, Laura D. et al.

Art Unit

2613

Examiner Name

LI, Shl K.

Attorney Docket Number

71493-1165/jar

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1) Response to Notice of Non-Compliant Amendment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SMART & BIGGAR		
Signature			
Printed name	ELLIOTT S. SIMCOE		
Date	AUGUST 17, 2007	Reg. No.	50,010

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): HADDEN, Laura et al.

Docket No.
71493-1165/jas

Application No. 10/624,471	Filing Date Juuly 23, 2003	Examiner AZEMAR, Guerssy	Customer No. 07380	Group Art Unit 2613	Confirmation No. 7439
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Invention: METHOD AND APPARATUS FOR DETERMINING SIGNAL VIABILITY IN OPTICAL NETWORKS

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

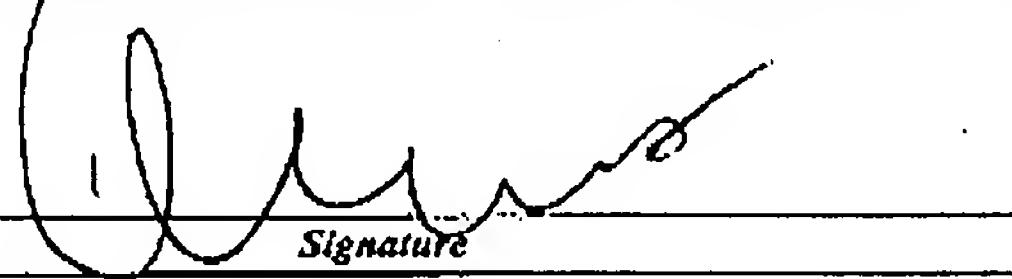
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CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	35 -	37 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	8 -	9 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>				\$0.00
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. in the amount of
- A check in the amount of to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-2550
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.
- Payment by credit card. Form PTO-2038.

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Dated: August 17, 2007

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Reg. No. 50,010

Customer No. 07380

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AUG 17 2007

Appl. No.	:	10/624,471	Confirmation No.	7439
Applicant	:	HADDEN, Laura et al.		
Filed	:	07/23/2003		
TC/A.U.	:	2613		
Examiner	:	Guerssy Azemar		
Docket No.	:	71493-1165		
Customer No.	:	07380		

Commissioner for Patents and Trademarks
Washington, DC 20231
U.S.A.

Dear Sir:

In response to the Notice of Non-Compliant Amendment dated August 7, 2007, Applicant re-submits herewith the response to the Office action mail February 23, 2007 with the necessary changes as requested by the Examiner.

In response to the Office action mailed February 23, 2007, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.